

**MT. PLEASANT HIGH SCHOOL
EMERGENCY CARD**

Please print clearly with ink:

Last Name	First Name	Date of Birth	GENDER	GRADE	STUDENT ID#

1. PARENT/ GUARDIAN: _____ **Relationship** _____

Home() _____ Work() _____ ext. _____ Cell() _____

2. PARENT/ GUARDIAN: _____ **Relationship** _____

Home() _____ Work() _____ ext. _____ Cell() _____

*If illness or injury requires that my son/daughter be dismissed from school when parent/guardian cannot be contacted, he/she may be released **ONLY** by the following listed persons:*

1. First Contact Name: _____ **Relationship** _____

Home() _____ Work() _____ ext. _____ Cell() _____

2. Second Contact Name: _____ **Relationship** _____

Home() _____ Work() _____ ext. _____ Cell() _____

3. Third Contact Name: _____ **Relationship** _____

Home() _____ Work() _____ ext. _____ Cell() _____

4. Fourth Contact Name: _____ **Relationship** _____

Home() _____ Work() _____ ext. _____ Cell() _____

Does your son/daughter have any current health problems about which the school should be informed?

Yes ___ No ___ If yes, please explain: _____

Does he/she take daily medication at home?

Yes ___ No ___ If yes, please name of medication and medical reason: _____

Will medication need to be administrated at school?

Yes ___ No ___ If yes, please name of medication and medical reason: _____

*** In order for medication be given to school, please request Medication Consent form from out school health care technician.
This form must be completed by **parent/guardian** and **doctor**.*

In case of an emergency, your son/daughter may be taken to an emergency facility by ambulance if necessary.

I understand the District assumes no responsibility for expenses incurred.

Parent/Guardian _____ **Date:** _____